



**CITY OF BLOOMINGTON UTILITIES  
REQUEST FOR DISCONNECT  
OF SERVICE AND FINAL BILL**

Account #: \_\_\_\_\_ Requested Date of Disconnection: \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name: \_\_\_\_\_

Service Address: \_\_\_\_\_ Apt \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Telephone: \_\_\_\_\_

Permanent Mailing Address for Final Billing Statement: \_\_\_\_\_  
\_\_\_\_\_

Forwarding Telephone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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**For Office Use Only:** Meter Location: \_\_\_\_\_

Meter Size: \_\_\_\_\_ Meter Serial Number: \_\_\_\_\_ Final Reading \_\_\_\_\_

Date of Reading: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of Reading: \_\_\_\_\_ a.m./p.m. Service Person: \_\_\_\_\_

Comments: \_\_\_\_\_

Entered to SSI: By: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_

\*Please mail this form to CBU, P.O. Box 2500, Bloomington, IN, 47402-2500 or fax to (812) 331-5407\*

**If water service is disconnected (without a new signer), a service fee of \$18.00 will appear on your final billing statement. If you have any additional questions, please contact us at (812) 349-3930.**